



Kansas State Fire Marshal's Office

Prevention Division

Training and Presentation Request Form

Contact Information

Name:	
Organization:	
Address:	
Phone:	Fax:

Training will be held for:

Organization:	
Address:	
Phone:	Fax:

Requested training will be held in:

City:	County:	Date:
City:	County:	Date:
City:	County:	Date:

Organization type: (check all that apply)

☐ Fire Department ☐ Health Care Facility ☐ State Agency
☐ Other Facility ☐ Other (please specify) _____

Subject of training requested:

☐ Daycare/Childcare ☐ Schools (K-12) ☐ Health Care
☐ College/University ☐ Correctional Facility ☐ Other

Briefly describe the training being requested: _____

Return this form to:
Kansas State Fire Marshal
ATTN: Chief Brenda McNorton
700 SW Jackson Street, Suite 600
Topeka, KS 66603
Fax: (785) 296-0151